

MAR 03 2011

CITY OF PORTERVILLE
CITY CLERK OFFICE

COVER PAGE

Please type or print in ink.

2011 MAR 16 PM 12:46

NAME OF FILER (LAST) (FIRST) (MIDDLE)
McCracken Pete Viau

1. Office, Agency, or Court

Agency Name
City of Porterville
Division, Board, Department, District, if applicable
Council, RDA, PFA, PIC, CWMA, CoC, Planning Comm
Your Position
Member

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☒ City of Porterville ☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is _____ through December 31, 2010.
☐ Assuming Office: Date _____
☐ Leaving Office: Date Left _____
(Check one)
☐ The period covered is January 1, 2010, through the date of leaving office.
☐ The period covered is _____ through the date of leaving office.
☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached
☒ Schedule A-2 - Investments - schedule attached
☒ Schedule B - Real Property - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5.

I have used all reasonable diligence in preparing this statement. I have reviewed this herein and in any attached schedules is true and complete. I acknowledge this is true.
I certify under penalty of perjury under the laws of the State of California that

Date Signed March 3, 2011
(month, day, year)

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
McCracken, Pete Viau

▶ 1. BUSINESS ENTITY OR TRUST

Le Bistro

Name

33 W. Putnam Ave., Porterville, CA 93257

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Restaurant/Caterer

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/10 04/08/10
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☒ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION Chef/Owner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☒ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

None

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Country Western Style Dance Center

Name

657 Village Green St., Porterville, CA 93257

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☒ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/10 04/08/10
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☒ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION co-owner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☒ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

None

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

McCracken, Pete Viau

► STREET ADDRESS OR PRECISE LOCATION

33 W. Putnam Ave.,

CITY

Porterville, CA 93257

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/10 04/08/10
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust ☐ Easement
☒ Leasehold 0
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

None

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/10 ____/____/10
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD*

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name McCracken, Pete Viau

▶ NAME OF SOURCE Southern California Gas Co. ADDRESS (Business Address Acceptable) P.O. Box 3150 San Dimas, CA 91773 BUSINESS ACTIVITY, IF ANY, OF SOURCE Utility <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>02 / 12 / 10</td> <td>\$ 160.00</td> <td>Dinner</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	02 / 12 / 10	\$ 160.00	Dinner	__ / __ / __	\$ _____	_____	__ / __ / __	\$ _____	_____	▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	__ / __ / __	\$ _____	_____	__ / __ / __	\$ _____	_____	__ / __ / __	\$ _____	_____
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
02 / 12 / 10	\$ 160.00	Dinner																							
__ / __ / __	\$ _____	_____																							
__ / __ / __	\$ _____	_____																							
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
__ / __ / __	\$ _____	_____																							
__ / __ / __	\$ _____	_____																							
__ / __ / __	\$ _____	_____																							
▶ NAME OF SOURCE Family Health Care Network ADDRESS (Business Address Acceptable) 314 N. Main St., Porterville, CA 93257 BUSINESS ACTIVITY, IF ANY, OF SOURCE Health Services <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>12 / 10 / 10</td> <td>\$ 80.00</td> <td>Dinner</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	12 / 10 / 10	\$ 80.00	Dinner	__ / __ / __	\$ _____	_____	__ / __ / __	\$ _____	_____	▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	__ / __ / __	\$ _____	_____	__ / __ / __	\$ _____	_____	__ / __ / __	\$ _____	_____
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
12 / 10 / 10	\$ 80.00	Dinner																							
__ / __ / __	\$ _____	_____																							
__ / __ / __	\$ _____	_____																							
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
__ / __ / __	\$ _____	_____																							
__ / __ / __	\$ _____	_____																							
__ / __ / __	\$ _____	_____																							
▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	__ / __ / __	\$ _____	_____	__ / __ / __	\$ _____	_____	__ / __ / __	\$ _____	_____	▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	__ / __ / __	\$ _____	_____	__ / __ / __	\$ _____	_____	__ / __ / __	\$ _____	_____
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
__ / __ / __	\$ _____	_____																							
__ / __ / __	\$ _____	_____																							
__ / __ / __	\$ _____	_____																							
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)																							
__ / __ / __	\$ _____	_____																							
__ / __ / __	\$ _____	_____																							
__ / __ / __	\$ _____	_____																							

Comments: _____